

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/518505 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1	2				
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	1					
10	2					
11	0					
12	0					
13	0					
14	0					
15	0					
16	0					
17	0					
18						
19						
20	2					
21	0					
22	0					
23	0					
24	0					
25	0					
26	0	1				
27	0					
28	0	6				
29	0	0				
30	0	0				
31	0					
32	0					
33	0					
34	0	1				
35	1					
36	1					
37	1	1				
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1	1				
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52	1							
53	1	1						
54		1						
55	1							
56		1						
57	1							
58		1						
59	1							
60		1						
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99								
100								
TOTAL IND.		2						
TOTAL DEP.		32						
TOTAL CLAIMS		34						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS